

JUN 21 2018

JUN 21 1964
JAMES N. HATTEN, Clerk
Deputy

UNITED STATES DISTRICT JUDGE

RICHARD W. STORY, JURIS DOCTORATE DEGREE

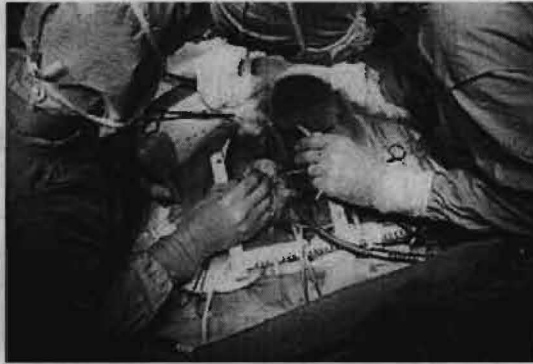
* CASE NO. **1 18-CV-3031**

V.

HENRY W. GRADY MEMORIAL
HOSPITAL, FRANK SCHMIDT, M.D.,
and ALBERT, M.D.,
80 Butler Street SE (Premeditated) et
al.,
Defendant.

1. Frank Schmidt, M.D. attended, accompanied and allowed cardiovascular surgeons to transplant an ICD to CM R.002 inside my heart's muscle. The Dept. of Echocardiography at EMORY CRAWFORD W. LONG HOSPITAL alerted me on 12/29/2016 to file a medical complaint with U.S. HHS, FDA.

1



ICD-9-CM ICD-10

MeSH

OPS-301 code

3. Frank Schmidt, M.D. removed **me** from the ground floor of the Emergency Room upstairs to the transplant /cardiovascular surgeons to **dissect** my Heart's Muscle and Heart's functioning. **After** the surgery my heart failed and it continues to fail daily.

4. On April 24, 2016 the U.S OFFICE OF CIVIL RIGHTS and U.S. HEALTH AND HUMAN SERVICE and CENTER OF MEDICARE AND MEDICAID SERVICES discovered the ICD 10-CM R.002 using 2D echo with Doppler and color flow Doppler w/ 99 images on DVD. Phlebotomist took labs testing my blood for myocardial infarction. The labs found types of Troponin I, Troponin T, and Troponin C proteins i.e., heart muscle cell death. These examinations were all performed by Emory Healthcare professionals.

5. 42 U.S.C. § 192 (2014)

§192. Chief of bureau; investigations and reports

The Children's Bureau shall be under the direction of a chief, to be appointed by the President, by and with the advice and consent of the Senate. The said bureau shall investigate and report to the Secretary of Health and Human Services, upon all matters pertaining to the welfare of children and child life among all classes of our people, and

shall especially investigate the questions of infant mortality, the birth rate, orphanage, juvenile courts, desertion, dangerous occupations, accidents and diseases of children, employment, legislation affecting children in the several States and Territories. But no official, or agent, or representative of said bureau shall, over the objection of the head of the family, enter any house used exclusively as a family residence. The chief of said bureau may from time to time publish the results of these investigations in such manner and to such extent as may be prescribed by the Secretary.

(Apr. 9, 1912, ch. 73, §2, 37 Stat. 79; Mar. 4, 1913, ch. 141, §§3, 6, 37 Stat. 737, 738; 1946 Reorg. Plan No. 2, §1, eff. July 16, 1946, 11 F.R. 7873, 60 Stat. 1095; 1953 Reorg. Plan No. 1, §§5, 8, eff. Apr. 11, 1953, 18 F.R. 2053, 67 Stat. 631; Pub. L. 96-88, title V, §509(b), Oct. 17, 1979, 93 Stat. 695.)

CODIFICATION

In the first sentence of this section, provisions which specified an annual compensation of \$5,000 for the chief of the Children's Bureau have been omitted superseded. Following enactment of the Classification Act of 1923, the compensation was fixed in accordance with that Act. See act Feb. 27, 1925, title IV, 43 Stat. 1050. Sections 1202 and 1204 of the Classification Act of 1949, 63 Stat. 972, 973, repealed the Classification Act of 1923 and all other laws or parts of laws inconsistent with the 1949 Act. The Classification Act of 1949 was repealed by Pub. L. 89-554, Sept. 6, 1966, §8(a), 80 Stat. 632, and reenacted as chapter 51 and subchapter III of chapter 53 of Title 5, Government Organization and Employees. Section 5102 of Title 5 now contains the applicability provisions of the 1949 Act, and section 5103 of Title 5 authorizes the Office of Personnel Management to determine the applicability to specific positions and employees.

Section was formerly classified to section 18a of Title 29, Labor.

TRANSFER OF FUNCTIONS

Functions of Federal Security Administrator transferred to Secretary of Health, Education, and Welfare and all agencies of Federal Security Agency transferred to

Department of Health, Education, and Welfare by section 5 of Reorg. Plan No. 1 of 1953, set out as a note under section 3501 of this title. Federal Security Agency and office of Administrator abolished by section 8 of Reorg. Plan No. 1 of 1953. Secretary and Department of Health, Education, and Welfare redesignated Secretary and Department of Health and Human Services by section 509(b) of Pub. L. 96-88 which is classified to section 3508(b) of Title 20, Education.

"Federal Security Administrator" substituted for "said department" and for "Secretary of Labor" pursuant to Reorg. Plan No. 2 of 1946. See note set out under section 191 of this title.

"Secretary of Labor" substituted for "Secretary of Commerce and Labor" pursuant to act Mar. 4, 1913. See note set out under section 191 of this title.

Exhibit Echocardiology Image



Exhibit A

EMORY
HEALTHCAREEMORY CRAWFORD LONG HOSPITAL
550 Peachtree Street, NE
Atlanta, GA 30308-2225Patient: SMITH, SALINS FALUN
MRN: CLH_001754198
DOB: 4/29/1976Admit Date: 4/24/2016
Discharge Date: 4/24/2016
Encounter #: 17179676115**ED Physician Report**

Red Cell Distribution	13.2 %
Width-CV	
Red Cell Distribution	43.7 fL
Width-SD	
Platelet Count	208 10E3/mcL
Mean Platelet Volume	9.9 fL
Troponin POCT	<0.019 ng/mL

4/24/2016 02:04

, Interpretation Abnormal results mild renal insuff/hypokalemia and hypocalcemia, The
Emergency physician has reviewed and interpreted the labs.Radiology results: Reviewed radiologist's report, Radiologist's interpretation: : All Radiology
Results

4/24/2016 01:51 XR Chest 2 Views PA + Lateral REPORT , XR CHEST

Exam: XR Chest 2 Views PA + Lateral

CLINICAL INDICATION: Chest pain.
COMPARISON: July 21, 2015.

FINDINGS:

SUPPORT DEVICES: None.

LUNGS/PLEURA: No pulmonary edema or focal consolidation. No pleural effusion
or pneumothorax.

HEART AND MEDIASTINUM: The cardiac contour and mediastinum appear normal.

BONES AND SOFT TISSUES: No acute abnormality.

IMPRESSION: No acute cardiopulmonary abnormality.

These images were reviewed and interpreted by Dr. Matthew Edward Zygmunt.

Signature Line

*** Final ***

Electronically Signed By: Zygmunt, Matthew Edward
on 04/24/2016 02:01

Dictated by: Trahan, Mark P

Confidentiality Statement This information is subject to all state and federal laws regarding confidentiality
and privacy and to the policies and procedures of Emory Healthcare regarding patient information. Any unauthorized
use, disclosure, or reproduction of this information is strictly prohibited.

Page 7 of 27

Chart Request ID: 110590666
Print Time: 10/4/2017 13:52 EDT

Exhibit B**Emory Healthcare-Confidential Document**

This information is subject to all Federal and State laws regarding confidentiality and privacy and to the policies and procedures of Emory Healthcare regarding patient information. Any unauthorized use, disclosure, or reproduction of this information is strictly prohibited.

Echo Report
* Final Report *

SMITH, SALINAS FALUN - CLH_001754198

Document Type: Echo Report
Document Date: April 24, 2016 07:53
Document Status: Auth (Verified)
Document Title: ECHO CARD
Performed By: Baer, Jefferson T on April 24, 2016 10:51
Verified By: Baer, Jefferson T on April 24, 2016 10:51
Encounter info: 17179676115, ECLH, Observation, 4/24/2016 - 4/24/2016

*** Final Report *****ECHO CARD**

Emory University Hospital Midtown
Department of Echocardiography
Director: John Merlino, M.D.
Phone: 404-686-2510
Fax: 404-686-4920

ADULT TRANSTHORACIC ECHOCARDIOGRAM REPORT

Patient Name:	SALINAS ACOSTA WEAVER	Date/Time:	4/24/2016 -- 7:53:37 AM
EMPI #:	6871401	Date of Birth:	4/29/1976
Accession #:	4595237293	Patient Age:	39 years
Location:	euhm	Patient Sex:	M
Room #:	CDU	Height:	69.7 in 177 cm
Blood Pressure:	120 / 67 mmHg	Weight:	143.3 lb 65.0 kg
		BSA:	1.81 m ²

Sonographer: Angela K Schrupf
Referring Physician: 47115 LISA RAPHAELA MACK
Diagnosing Physician: 060699 Jefferson Baer M.D.

Indications: - near syncope; left ventricular hypertrophy
Study Details: Complete 2D echo with spectral Doppler and color flow Doppler
This is a technically adequate examination with somewhat limited views.

FINAL ECHOCARDIOGRAPHIC FINDINGS:
SUMMARY/CONCLUSIONS:

1. Left ventricular ejection fraction is 55-60%.
2. Trace mitral valve regurgitation.
LEFT VENTRICLE: The left ventricular size is normal measuring 4.2 cm. LV ejection fraction is normal at 64.5 % by Simpson's biplane method of discs. LV ejection fraction is 55-60%. Diastolic function is normal.
LEFT ATRIUM: Left atrial cavity size is normal.
RIGHT VENTRICLE: Normal right ventricular size and wall thickness. Global right

Printed by: SPEARMAN, RODNEY
Printed on: 11/30/2017 08:16

Page 1 of 3
(Continued)

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Echo Report

SMITH, SALINAS FALUN - CLH_001754198

* Final Report *

ventricular systolic function is normal.

RIGHT ATRIUM: The right atrium is normal in size.

MITRAL VALVE: The mitral valve structure is normal. A trace amount of mitral valve regurgitation is seen by color flow Doppler. No evidence of mitral valve stenosis.

AORTIC VALVE: The aortic valve is tricuspid. No aortic valve insufficiency. No degree of aortic stenosis is present.

TRICUSPID VALVE: The tricuspid valve is normal in structure with normal leaflet excursion. Trace tricuspid regurgitation is detected. The tricuspid regurgitant velocity is 2.07 m/s, and with an assumed right atrial pressure of 10 mmHg, the estimated right ventricular systolic pressure is normal at 25.2 mmHg.

PULMONIC VALVE: The pulmonic valve is structurally normal, with normal leaflet excursion and no pulmonic stenosis. There is trace pulmonic valve insufficiency.

AORTA: The aortic root size at the level of the Sinuses of Valsalva is normal.

IVC/HEPATIC VEINS: The inferior vena cava is normal.

PERICARDIUM: No pericardial effusion seen.

QUANTITATIVE DATA SUMMARY:

2D Measurements:		Range Female	Range Male
LVIDd:	4.2 cm	3.8-5.2 cm	4.2-5.8 cm
LVIDs:	2.90 cm	2.2-3.5 cm	2.5-4.0 cm
IVSd:	0.8 cm	0.6-0.9 cm	0.6-1.0 cm
LVPWd:	0.9 cm	0.6-0.9 cm	0.6-1.0 cm
LVEF:	64.5	54-74%	52-72%
Ao Root:	2.6 cm	2.1-2.5 cm	2.3-2.9 cm

LA Volume: Range Female Range Male

LA Vol Mod A2C: 35.0 ml

LA Vol Mod A4C: 32.0 ml

LA Vol Area A2C: 14.00 cm²LA Vol Area A4C: 13.80 cm²LA Vol BP index: 19.4 ml/m² 16-34 ml/m² 16-34ml/m²

Aorta Measurements:

Ascend: 2.6 cm

LV Systolic Function by Simpson's 2D Planimetry (MOD):

EF-A4C View: 56.9 %

EF-A2C View: 70.5 %

EF-Biplane: 64.5 %

LV Diastolic Function:

MV Peak E: 1.03 m/s

MV Peak A: 0.55 m/s

MV E/A Ratio: 1.88

MV A Dur: 116 msec

Mitral Valve:

MV Pressure Half-Time: 37.70 msec

MV Area, P1/2T: 5.84 cm²

Aortic Valve:

AoV Max Vel: 1.4 m/s

AoV Peak PG: 8.0 mmHg

AoV Mean PG: 4.0 mmHg

Printed by: SPEARMAN, RODNEY

Printed on: 11/30/2017 08:16

Page 2 of 3
(Continued)

Emory Healthcare-Confidential Document

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Echo Report
* Final Report *

SMITH, SALINAS FALUN - CLH_001754198

AoV VTI: 27.8 cm
LVOT Max Vel: 0.96 m/s
LVOT VTI: 20.4 cm
LVOT Diameter: 1.90 cm
AoV Area, Vmax: 1.94 cm²
AoV Area, VTI: 2.1 cm²
AoV Area, Vmn: 1.8 cm²
AoV area index, Vmax: 1.07
AoV area index, Vmn: 0.97
AoV area index, VTI: 1.15

Tricuspid valve/RV Systolic Pressure:
Peak TR Velocity: 2.1 m/s
RAP: 10 mmHg
RV Syst Pressure: 25.2 mmHg

Pulmonic Valve:
PV Max Vel: 0.8 m/s
PV Max PG: 2.6 mmHg
PV Mean PG: 1.0 mmHg
PV Accel Time: 123 msec

Report electronically signed by 060699 Jefferson Baer M.D.
Signature Date: 4/24/2016
Signature Time: 10:51:56 AM

*** Final ***

Printed by: SPEARMAN, RODNEY
Printed on: 11/30/2017 08:16

Page 3 of 3
(End of Report)

SMITH, SALINS V

ID: 1754198

11-Sep-2017 7:21:26

EMORY UNIVERSITY HOSPITAL MIDTOWN

41 years

Male

Room: ACC20

Loc: 1

Vent. rate 49 bpm

PR interval 148 ms

QRS duration 98 ms

QT/QTc 422/381 ms

P-R-T axis 71 88 73

Sinus bradycardia

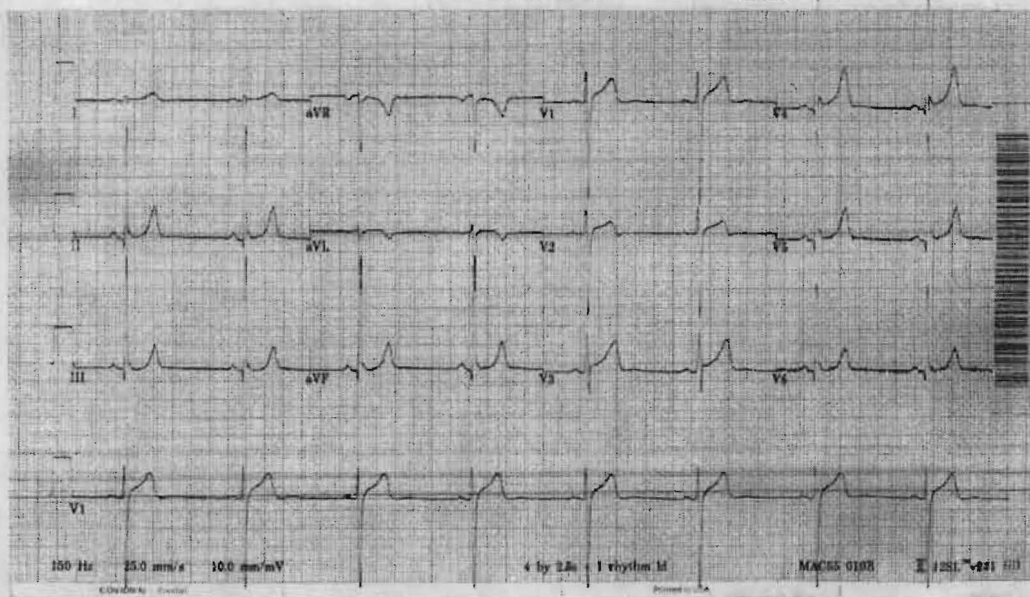
Voltage criteria for left ventricular hypertrophy

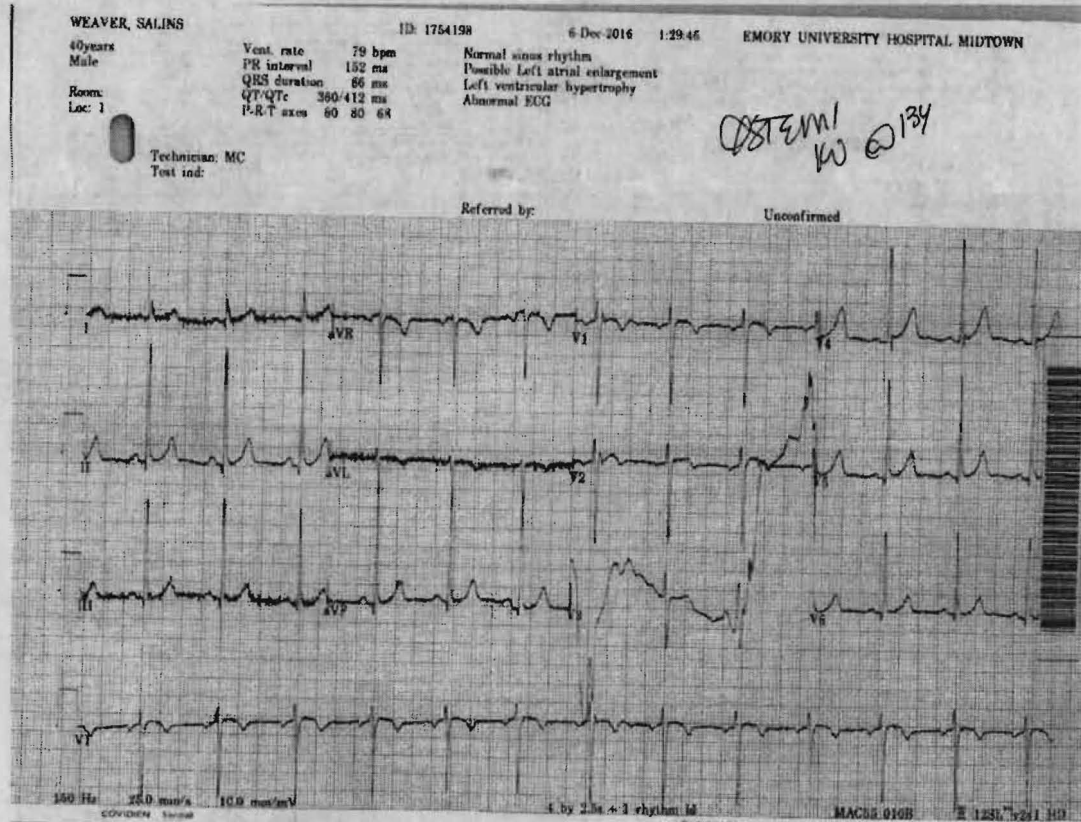
Abnormal ECG

Technician: N092161
Test ind: CHEST PAINNO STICK
TAP
F. RamSMITH, SALINS FALUN
DOB: 04/23/76 AGE: 41 SEX: M
EUHM MR: 001754198
FIN: 017179677254
DR:

Referred by: KHAN, MONICA

Unconfirmed





5. I, SMITH, Mr. Salinas F. mailed a completed FDA form 3500 to the U.S. Health and Human Services on 12/27/2017.

Exhibit C FORM FDA 3500

PLEASE TYPE OR USE BLACK INK

U.S. Department of Health and Human Services
MEDWATCH
 The FDA Safety Information and Adverse Event Reporting Program

For VOLUNTARY reporting of adverse events, product problems and product use errors
 Page 1 of 3

Form Approved CMS No. 8910-0201, Expires 06/30/2016
 See FDA statement on Internet

FDA USE ONLY
 Trace and sequence #
 FDA Rec. Date

Note: For date groups of "dd-mm-yyyy" please use 2-digit day, 3-letter month abbreviation, and 4-digit year; for example, 01-Jan-2016.

A. PATIENT INFORMATION

1. Patient Identifier: 2. Age: 39 ☒ Years ☐ Months ☐ Days 3. Sex: ☒ Male ☐ Female 4. Weight: 146 lb
 or Date of Birth (e.g., 01 Feb 1978) ☐ lb ☐ kg

5. Ethnicity (Check single best answer) 6. Race (Check all that apply)
☐ Asian ☒ American Indian or Alaskan Native
☐ Hispanic/Latino ☒ Black or African American ☐ White
☐ Not Hispanic/Latino ☐ Native Hawaiian or Other Pacific Islander

B. ADVERSE EVENT / PRODUCT PROBLEM

1. Check all that apply:
☒ Adverse Event ☒ Product Problem (e.g., defects/malfunctions)
☐ Product Use Error ☐ Problem with Different Manufacturer of Same Medicine

2. Outcome Attributed to Adverse Event (Check all that apply):
☐ Death (include date dd-mm-yyyy) ☐ Disability or Permanent Damage
☐ Life-Threatening ☐ Hospitalization - initial or prolonged ☐ Congenital Anomaly/Birth Defect
☐ Other Serious (Important Medical Events)
☐ Required Intervention to Prevent Permanent Impairment/Damage (Device)

3. Date of Event (dd-mm-yyyy): 01-Jan-2011 4. Date of this Report (dd-mm-yyyy): 27-Dec-2017

5. Describe Event, Problem or Product Use Error:
 LEFT VENTRICULAR HYPERTROPHY
 ECHO DETAILS: COMPLETE 2D ECHO WITH SPECTRAL DOPPLER
 AND COLOR FLOW DOPPLER
 LEFT VENTRICULAR EJECTION FRACTION IS 50-60% GREEN
 COL

6. Relevant Test/Laboratory Data, Including Other:
 ECHOCARDIOGRAPHY
 ADULT TRANSDIAPHRAGMATIC ECHOCARDIOGRAM REPORT

7. Other Relevant History, Including Preexisting Medical Conditions (e.g., allergies, pregnancy, smoking and alcohol use, drug history problems, etc.):
 ECHO DETAILS: COMPLETE 2D ECHO WITH SPECTRAL DOPPLER
 AND COLOR FLOW DOPPLER
 LEFT VENTRICULAR EJECTION FRACTION IS 50-60% GREEN
 COL

C. PRODUCT AVAILABILITY

1. Product Available for Evaluation? (Do not send product to FDA)
☒ Yes ☐ No ☐ Return to Manufacturer on (dd-mm-yyyy)

D. SUSPECT PRODUCTS

1. Name, Manufacturer/Compounder, Strength (from product label)
 #1 - Name and Strength #1 - NDC # or Unique ID
 #1 - Manufacturer/Compounder #1 - Lot #
 #2 - Name and Strength #2 - NDC # or Unique ID
 #2 - Manufacturer/Compounder #2 - Lot #

2. Health Professional? ☐ Yes ☒ No 3. Occupation: Risk Manager 4. Also Reported to:
☐ Manufacturer ☒ Manufacturer/Compounder
☐ User Facility ☒ Distributor/Importer

5. If you do NOT want your identity disclosed to the manufacturer, please mark this box: ☒

E. SUSPECT MEDICAL DEVICE

1. Brand Name: ORION VIBRANT DESTIMULATOR
 2. Common Device Name: PACEMAKER
 3. Manufacturer Name, City and State: EDNA
 4. Model #: 1332 - 1983 Lot #: 5. Operator at Device:
☒ Health Professional ☐ Lay User/Patient
☐ Other
 6. If Implanted, Give Date (dd-mm-yyyy): 24-Feb-2012 7. If Expired, Give Date (dd-mm-yyyy):
 8. Is this a single-use device that was reprocessed and reused on a patient? ☐ Yes ☒ No
 9. If Yes to Item 8, Enter Name and Address of Reprocessor

F. OTHER (CONCOMITANT) MEDICAL PRODUCTS
 Product names and therapy dates (Check all treatment of event)

G. REPORTER

1. Name and Address:
 Last Name: SMITH First Name: WILLIAM F. JR.
 Address:
 City: ATLANTA State/Province/Region: GA
 Country: United States ZIP/Postal Code: 30309
 Phone #: Email: william.smith@halliwell.com
 2. Health Professional? ☐ Yes ☒ No 3. Occupation: Risk Manager 4. Also Reported to:
☐ Manufacturer ☒ Manufacturer/Compounder
☐ User Facility ☒ Distributor/Importer

5. If you do NOT want your identity disclosed to the manufacturer, please mark this box: ☒

FORM FDA 3500 (10/15) Submission of a report does not constitute an admission that medical personnel or the product caused or contributed to the event.

ADVICE ABOUT VOLUNTARY REPORTINGDetailed instructions available at: <http://www.fda.gov/medwatch/report/consumer/instruct.htm>**Report adverse events, product problems or product use errors with:**

- Medications (drugs or biologics)
- Medical devices (including in-vitro diagnostics)
- Combination products (medication & medical devices)
- Human cells, tissues, and cellular and tissue-based products
- Special nutritional products (dietary supplements, medical foods, infant formulas)
- Cosmetics
- Food (including beverages and ingredients added to foods)

Report product problems - quality, performance or safety concerns such as:

- Suspected counterfeit product
- Suspected contamination
- Questionable stability
- Defective components
- Poor packaging or labeling
- Therapeutic failures (product didn't work)

Report SERIOUS adverse events. An event is serious when the patient outcome is:

- Death
- Life-threatening
- Hospitalization - initial or prolonged
- Disability or permanent damage
- Congenital anomaly/birth defect
- Required intervention to prevent permanent impairment or damage (devices)
- Other serious (important medical events)

Report even if:

- You're not certain the product caused the event
- You don't have all the details

How to report:

- Just fill in the sections that apply to your report
- Use section D for all products except medical devices
- Attach additional pages if needed
- Use a separate form for each patient
- Report either to FDA or the manufacturer (or both)

Other methods of reporting:

- 1-800-FDA-0178 - To FAX report
- 1-800-FDA-1088 - To report by phone
- www.fda.gov/medwatch/report.htm - To report online

If your report involves a serious adverse event with a device and it occurred in a facility outside a doctor's office, that facility may be legally required to report to FDA and/or the manufacturer. Please notify the person in that facility who would handle such reporting.

If your report involves a serious adverse event with a vaccine, call 1-800-822-7967 to report.

Confidentiality: The patient's identity is held in strict confidence by FDA and protected to the fullest extent of the law. The reporter's identity, including the identity of a self-reporter, may be shared with the manufacturer unless requested otherwise.

The information in this box applies only to requirements of the Paperwork Reduction Act of 1995

The burden for this collection of information has been estimated to average 16 minutes per response, including the time to review instructions, search existing data sources, gather and maintain the data needed, and complete and review the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to:

Department of Health and Human Services
Food and Drug Administration
Office of Chief Information Officer
Paperwork Reduction Act (PRA) Staff
PRAStaff@hhs.gov

Please DO NOT
RETURN this form
to the PRA Staff e-mail
to the left.

OMB statement:
"An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number."

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Food and Drug Administration

FORM FDA 3506 (10/15) (Back)

Please Use Address Provided Below - Fold in Thirds, Tape and Mail

**DEPARTMENT OF
HEALTH & HUMAN SERVICES**

Public Health Service
Food and Drug Administration
Rockville, MD 20857

Official Business
Penalty for Private Use \$300

BUSINESS REPLY MAIL

FIRST CLASS MAIL PERMIT NO. 946 ROCKVILLE MD

POSTAGE WILL BE PAID BY FOOD AND DRUG ADMINISTRATION

MEDWATCH

The FDA Safety Information and Adverse Event Reporting Program
Food and Drug Administration
2600 Fishers Lane
Rockville, MD 20852-9787

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES
OR APO/FPO

MEDWATCH

FORM FDA 3500 (10-15) (continued)

(Continuation Page)

For VOLUNTARY reporting of adverse events and product problems

Page 3 of 3

R.5. Describe Event or Problem (continued)

DEATH or DAILY CARDIAC FAILURE

ORGAN HARVEST, PATIENT WAS USED

Reporter: JENOVAN GOS

Researchers Reported: FALUN GONG RESEARCH AND INVESTIGATION, CHINA GOVERNMENT

Back to Four

Relevant Test/Laboratory Data, Including Dates (continued)

TRICHLIN LABORATORY

STUDY DETAILS: COMPLETE 2D ECHO WITH SPECTRAL DOPPLER AND COLOR FLOW DOPPLER

LEFT VENTRICULAR EJECTION FRACTION IS 55-60% VISIBLE, GREEN IN COLOR

X-RAY (IRANIUM POWER SOURCE 99% VISIBLE, YELLOW IN COLOR)

Back to Form

B.7. Other Relevant History, including Preexisting Medical Conditions (e.g., allergies, pregnancy, smoking and alcohol use, hepatic/renal dysfunction, etc.) (continued)

Check Us Out

F. Concomitant Medical Products and Therapy Dates (Exclude treatment of event) (continued)

Checklist Form

6. As a result of the cardiovascular surgeons physical-child abuse my credit was destroyed because of \$100,000 or more unpaid hospital bills from HUGHES SPALDING CHILDREN'S HOSPITAL.

EXHIBIT D

Hospitalization Date: January 24, 1993 - April 11, 1993

Children's Healthcare of Atlanta, Incorporated

Tax ID: 58-2367819

Headquarters: Atlanta, GA

CEO: Donna W. Hyland (June 2008-)

Tax deductibility code: 501(c)(3)

Founded: 1998

Subsidiaries: Emory + Children's Pediatric Research Center, MORE

EXHIBIT F**EMORY
HEALTHCARE**

Office of Quality & Risk
101 W. Ponce de Leon, Suite 242
Decatur, GA 30030
claims.history@emoryhealthcare.org

EMORY RESIDENTS**PROFESSIONAL & GENERAL LIABILITY INSURANCE**

Insurance Company: Clifton Casualty Insurance Company, Ltd.

Policy No.: 1-00001-HE-2017

Limits: Professional Liability: \$4,000,000 per claim
General Liability: \$1,000,000 per claim

Type: Claims-Made Policy

Policy Period: September 1, 2017 to September 1, 2018

Descriptions: Residents are insured while on rotation at Emory University Hospital, Emory University Hospital Midtown, The Emory Clinic, Emory Clinics at Dunwoody, Emory Clinics at Executive Park, Wesley Woods Center, Piedmont Hospital, Georgia Regional, Georgia State University, The Shepherd Center, Talbot Recovery Campus, A.G. Rhodes Nursing Home, Visiting Nurse Health System, Rollins School of Public Health, Fulton County Medical Examiner's Office, Atlanta Medical Center, DeKalb Community Service Board, CHRIS Kids Atlanta Allergy and Asthma Clinic, St. Joseph's Hospital, Emory Rehab Hospital, Emory Johns Creek, Laurel Heights Hospital, Ridgeview Institute, Emory Aesthetic Center, Georgia State Counseling and Testing Center, Dermatology Associates of Georgia, LLC., Emory University Orthopaedics & Spine Hospital, Georgia Department of Human Resources - Division of Public Health, Sandy Springs Fire Department, Metro Atlanta Ambulance Service, and Air Methods-Air Life, Georgia, Veritas Collaborative Georgia LLC, Marcus Autism Center, Atlanta Plastic Surgery, Budd Terrace Nursing Home, Harbor Grace Hospice

Conditions: Coverage applies only when residents are acting within the course and scope of their duties as outlined by the Emory University Residency Training Program.

Exclusions: Residents rotating through Grady Hospital, VA Hospital or Children's Healthcare of Atlanta (CHOA) are not covered by this policy. Residents should call these institutions directly for insurance information.

Grady (404) 616-7747

Veterans Administration (404) 321-6111 x 7409

CHOA (404) 785-7207

Other Info: Requests for individual claims history information should be sent to claims.history@emoryhealthcare.org. Appropriate authorization must accompany the request. Do not send requests to anyone directly via email as these will not be processed.

Contact the Office of Risk and Insurance Services at 404-778-7932 for questions or clarifications regarding insurance coverage.

EXHIBIT H

HENRY W. GRADY MEMORIAL HOSPITAL

EIN: 26-2037695

80 JESSIE HILL JR DE 6E, ATLANTA, GA 30303-0000 | TAX-EXEMPT SINCE
MAY 2008

Nonprofit Tax Code Designation: 501(c)(3)

Defined as: Organizations for any of the following purposes: religious, educational, charitable, scientific, literary, testing for public safety, fostering national or international amateur sports competition (as long as it doesn't provide athletic facilities or equipment), or the prevention of cruelty to children or animals.

EXHIBIT I

IN THE SUPERIOR COURT OF FULTON COUNTY
STATE OF GEORGIA

Fulton County Superior Court
FILEDDW
Date: 6/28/2017 2:44:24 PM
Cathelene Robinson, Clerk

Petitioner:
Salinas Acosta Weaver


Civil Action No.: 2017CV289863

FINAL DECREE CHANGING THE NAME OF AN ADULT

The above and foregoing Petition to Change Name coming on to be heard pursuant to law, and it appears that notice has been published pursuant to law and that no objections have been timely filed. Further, it appears that sufficient grounds exist for the granting of the relief prayed for in said Petition and that no reason appears showing why said prayers should not be granted. IT IS HEREBY DECREED:

- 1) That the name of the Petitioner, Salinas Acosta Weaver, shall be changed to Salinas Falun Smith, and
- 2) That such name change shall not operate to authorize petitioner to fraudulently deprive another of any legal rights under the law.

SO ORDERED, this the 28 day of June, 2017.


JUDGE
Superior Court
Fulton County, Georgia



GEORGIA, FULTON COUNTY
I, SO COMEY TWO THE WITHINLAND FURNISHING IS A TRUE, COMPLETE
AND CORRECT COPY OF THE ORIGINAL, AND I HAVE AS A WITNESS
BY THE ORIGINAL, OR FILE IN THE OFFICE OF THE CLERK OF FULTON
COUNTY, GEORGIA, CONSISTING OF _____ PAGE(S)
WITHIN _____ BOOK AND THE ORIGINAL IS FILED IN THE
OFFICE OF THE CLERK OF FULTON COUNTY, GEORGIA.
CLERK OF THE SUPERIOR COURT OF FULTON COUNTY, GEORGIA

IN THE SUPERIOR COURT OF FULTON COUNTY
STATE OF GEORGIA

Fulton County Superior Court
"FILED"
Date: 6/28/2017 2:44:24 PM
Catherine Robinson, Clerk

Petitioner:
Salinas Acosta Weaver

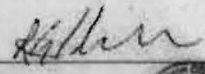
Civil Action No.: 2017CV28963

FINAL DECREE CHANGING THE NAME OF AN ADULT

The above and foregoing Petition to Change Name coming on to be heard pursuant to law, and it appears that notice has been published pursuant to law and that no objections have been timely filed. Further, it appears that sufficient grounds exist for the granting of the relief prayed for in said Petition and that no reason appears showing why said prayers should not be granted. **IT IS HEREBY DECREED:**

- 1) That the name of the Petitioner, Salinas Acosta Weaver, shall be changed to Salinas Falun Smith, and
- 2) That such name change shall not operate to authorize petitioner to fraudulently deprive another of any legal rights under the law.

SO ORDERED, this the 28 day of June, 2017.


JUDGE
Superior Court
Fulton County, Georgia



[Faint, mostly illegible text from a document, possibly a letter or affidavit, with some lines of text visible.]

GEORGIA, FULTON COUNTY
I, DO CERTIFY THAT THE WRITINGS FURNISHED ARE TRUE, COMPLETE
AND CORRECT COPY OF THE ORIGINAL IN EACH CASE, AS APPEARS
BY THE ORIGINALS ON FILE IN THE OFFICE OF THE CLERK OF FULTON
COUNTY, GEORGIA, CONSISTING OF _____ PAGES
RECEIVED BY ME AND _____ ON _____
AT _____
JENNIFER L. FULTON
CLERK OF FULTON COUNTY, GEORGIA

IN THE SUPERIOR COURT OF FULTON COUNTY
STATE OF GEORGIA

Fulton County Superior Court
FILED
Date: 6/28/2017 2:44:24 PM
Cathelene Robinson, Clerk

Petitioner:
Salinas Acosta Weaver


Civil Action No.: 2017CV289863

FINAL DECREE CHANGING THE NAME OF AN ADULT

The above and foregoing Petition to Change Name coming on to be heard pursuant to law, and it appears that notice has been published pursuant to law and that no objections have been timely filed. Further, it appears that sufficient grounds exist for the granting of the relief prayed for in said Petition and that no reason appears showing why said prayers should not be granted. IT IS HEREBY DECREED:

- 1) That the name of the Petitioner, Salinas Acosta Weaver, shall be changed to Salinas Evelyn Smith, and
- 2) That such name change shall not operate to authorize petitioner to fraudulently deprive another of any legal rights under the law.

SO ORDERED, this the 28 day of June, 2017.


JUDGE
Superior Court
Fulton County, Georgia



GEORGIA, FULTON COUNTY
I DO CERTIFY THAT THE AFFIDAVIT FORCROSSING IS A TRUE, COMPLETE
AND CORRECT COPY OF THE ORIGINAL AND THAT I AM A
NOTARY PUBLIC IN THE STATE OF GEORGIA.
24th August 12
[Signature]
NOTARY PUBLIC
STATE OF GEORGIA

Place labels on card in numerical order. The labels should be placed sequentially each year as follows: 1) first semester 2) second semester 3) summer school, if applicable 4) end of year summary.

(If the student completed 8th grade in middle school, place the middle school label in space #1. High school labels will then follow sequentially.)

<p>THIS STUDENT HAS SUCCESSFULLY COMPLETED THE 8TH GRADE AT</p> <p><u>Loma</u></p> <p>INCLUDING THE STATE REQUIREMENTS IN GEORGIA HISTORY AND GOVERNMENT AND 8TH GRADE HEALTH.</p>	<p>WEAVER 003608281 SALINAS A 10-08 GEORGE HIG</p> <p>SEMESTER 1 1992-93</p> <table border="1"> <tr><td>222</td><td>ENG PREP</td><td>77</td><td>C</td><td>7.5</td></tr> <tr><td>321</td><td>PLN GEOM</td><td>71</td><td>D</td><td>7.5</td></tr> <tr><td>311</td><td>BIOLOGY</td><td>74</td><td>C</td><td>7.5</td></tr> <tr><td>310</td><td>WLD HIST</td><td>71</td><td>D</td><td>7.5</td></tr> <tr><td>216</td><td>IND SPRT</td><td>90</td><td>B</td><td>7.5</td></tr> </table> <p>GPA 2.16 COND AVG C ABS 08 TARDY 00</p>	222	ENG PREP	77	C	7.5	321	PLN GEOM	71	D	7.5	311	BIOLOGY	74	C	7.5	310	WLD HIST	71	D	7.5	216	IND SPRT	90	B	7.5	<p>WEAVER 003608281 SALINAS A 11-03 DOUGLASS H</p> <p>SEMESTER 1 1993-94</p> <table border="1"> <tr><td>080</td><td>CHPTR LA</td><td>70</td><td>D</td><td>7.5</td></tr> <tr><td>823</td><td>AMER LIT</td><td>70</td><td>D</td><td>7.5</td></tr> <tr><td>141</td><td>SPANISH</td><td>70</td><td>D</td><td>7.5</td></tr> <tr><td>331</td><td>ALG II</td><td>70</td><td>D</td><td>7.5</td></tr> <tr><td>301</td><td>U.S. HIST</td><td>85</td><td>B</td><td>7.5</td></tr> <tr><td>711</td><td>NAVY SCI</td><td>85</td><td>B</td><td>7.5</td></tr> </table> <p>GPA 1.66 COND AVG B ABS 10 TARDY 07</p>	080	CHPTR LA	70	D	7.5	823	AMER LIT	70	D	7.5	141	SPANISH	70	D	7.5	331	ALG II	70	D	7.5	301	U.S. HIST	85	B	7.5	711	NAVY SCI	85	B	7.5																																																								
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AUTOMATED PERMANENT RECORD-ATLANTA, GEORGIA, PUBLIC HIGH SCHOOLS	
NEAVER 063608281 WASHINGTON	SALINAS A 12-10
SEMIESTER 2	1994-95
1923 ENG LIT 10 F 0.0 1923 BIOLOGY 9 F 0.0 104 U.S.HIST 10 F 0.0 312 DRAWING 25 F 0.0 1220 ARMY F 0.0	
GPA 0.00 COND AVG D ABS 80 TARDY 21	
NEAVER 063608281 WASHINGTON EV	SALINAS A 12-02
SEMIESTER 6	1994-95
400 ECONOMICS F 0.0 104 KEYBDE F 0.0 341 FOOD SER F 0.0	
GPA 0.00 COND AVG F ABS TARDY	
SUMMARY LABEL	
NEAVER 063608281 GRADUATE 12 07	SALINAS A 07/13/95
ENGL 45.0 SS-BIO 0.0 SC-BIO 45.0 VED ED 22.5 HEALTH 17.5 PEPE 1.3 SS-BIO 15.0 OTHR SV 22.5 SS-WGT 15.0	
TOTAL HRS 247.5 GPA 1.250 172 OF 182	
IS AN UNOFFICIAL TRANSCRIPT CAN BE REQUESTED FROM ATLANTA PUBLIC SCHOOLS RECORDS CENTER 130 TRINITY AVE SW ATLANTA GA 30303 (404) 802-2150	
TRANSCRIPT CERTIFIED BY:	
Principal	Date
315 Hours Required for Graduation, Grades 9-12	
GRADING: A-92 - 100 Excellent B-83 - 91 Above Average C-74 - 82 Average D-70 - 73 Below Average E-60 - 69 Satisfactory F-50 - 59 Unsatisfactory NE- Not Evaluated R-Removed MR-Mid-Year NTR-Natality	

*"The statement above is demanded to be Sworn in before
U.S. District Richard W. Story and U.S. Magistrate Janet King as True so to Help"
by Mr. Salinas F. Smith, Heart Failure*

Signed this 22th Day of May, 2018.

M. S. Smith

/s/ Mr. Salinas Falun Smith

Mr. Salinas Falun Smith

1328 Peachtree Street, NE

Harris County, GA 30309

salinas.smith0453@gmail.com

(770) 549-2556

Company Name: SALINAS ACOSTA WEAVER EIN: 47-5306453

Additional Information:

Complaint against: M.D.s, cardiovascular surgeons, and employees of the hospital

Police reports: Atlanta Police Department reports, cardiac

Federal reports: Center of Medicare and Medicaid Services

U.S. Code: 42 U.S.C. 192 - Chief of Bureau; Investigation and report child abuse

State law O.C.G.A.: defendants committed physical-child abuse and wrongfully destroyed a child heart functioning, heart's muscle, and nerve functioning

Punitive damage: Defendant conceals him/herself or invading law enforcement officers

Civil award: Default Judgement, Fully Favorable

Monetary damage: Loss of Employment, Family, Loss of *Unborn* Children Vasectomy by defendants, and Loss of Military Duties in U.S. Air Force and U.S. Navy.

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by defendant and loss of Military Service U.S. Air Force and U.S. Navy.
Monetary damage: loss of employment, family, loss of children, loss of
Confidence, health, judgment, ability, reputation.
Positive damage: Defendant caused his blind, partial or invading law enforcement officers
destroyed a child heart functioning, heart's muscle, and nerve tissue, tearing
suitable O.C.D.A. defendant committed physical child abuse and wrongful
U.S. Code 42 U.S.C. 1983 - Civil Rights - Investigation and report child abuse
Federal reports: Cases of Medicine and Medical Services
Police reports: Atlanta Police Department, reports, division
Investigation and report child abuse

USA

Georgia

GOVERNOR Nathan Deal

IDENTIFICATION
CARD

DOB 04/29/1976
EXP 04/29/2020

ID NO. 052372960
CLASS ID

SALINS ACOSTA
WEAVER

649 IRA ST SW
ATLANTA, GA 30312-2535
FULTON

Iss 09/09/2015

Sex M Eyes BLU
Hgt 5'-09" Wgt 144 lb

DD 246623312770047084

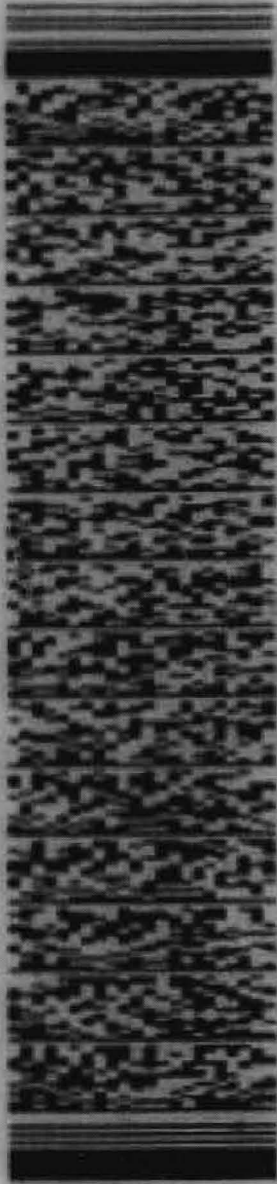
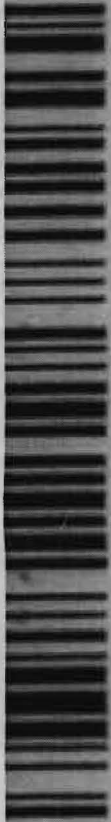
URGENT MEDICAL INFORMATION ON REVERSE

Rev 07/01/2015



www.dds.ga.gov
(678) 413-8400

2466233127700401



**MEDICAL
INFORMATION:**
Blood type is
O positive

CLASS: ID



04/29/1976



148 Andrew Young International Blvd., NE Atlanta, Georgia 30303-1751

MARK BUTLER
Commissioner**NON-CLAIMANT IN PERSON REQUEST FOR UI INFORMATION**Print Name: Salinas Acosta Weaver SSN: 254-27-0728Government - Issued Picture Identification must be presented: # 052372960
(Attach enlarged legible copy)

I am requesting: (check one or both)

- ☒ 1. Printout of wage information 1
- ☒ 2. Printout of unemployment benefit information

If currently available in this office, for the following reason (circle the reason):

- ☒ 1. Medical/dental/pharmacy/hospital/mental health & substance abuse services
2. Housing: Mortgage Assistance or Rent Adjustment
3. D F C S/ Child Support/ Probation Officer
4. Food assistance / Utility assistance
5. School enrollment
6. Internal Revenue Service (1099-G Information)/ Social Security
7. Credit (Protection) Insurance: attach insurance carrier letter/form _____
- ☒ 8. Other: Atlanta Legal Aid (Call UI Legal Section for approval on Other)

In making the above request, I certify that the above information is correct and that I have not willfully misrepresented my identity or the reason for my request, under penalty of civil and/or criminal prosecution and fines of up to \$500.00 for violation of the provisions of Georgia Law, O.C.G.A. Code Sections 34-8-120 through 129. I understand that this information cannot be used for eligibility purposes.

Signature: Mn. Salinas Weaver Date: 5/22/18Address: 1328 Peachtree Street Atlanta, GA 30309Career Center Staff:

I certify that I have receive the above request in person with and from the above-named individual, that I have verified the identification provided and confirmed the reason given for making the request.

Authorized GDOL Representative (Please Print)

Authorized GDOL Representative Signature

Date